

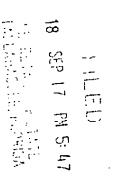
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: ODR Truestment Group, LLC Name of Limited Liability Company
Dear Sir or Madam:
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Susana Hernandez Name of Person
Firm/Company
4200 Park LN
West Palm Beach, F1, 33406 City/State and Zip Code
driawnservices in cogmail. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Susana Hernandiz a 561, 301-5179
Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building Division of Corporations Clifton Building Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 Tallahassee, Florida 32301
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\$25 Filing Fee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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ODK INVESIMEN		0, LLL
(Name of the Limited Liahility Comp (A Florida Limited	any as it now appears o Liability Company)	n our records.)
The Articles of Organization for this Limited Liability Company Florida document number 4/7000005914.	y were filed on	01-10-2017 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here	:
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the design	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2712	Orange Avenue
(Principal office address MUST BE A STREET ADDRESS)	Fort	ierce, F1, 34947
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of	office address on o	ur records, enter the name of the nev
registered agent and/or the new registered office address her	<u>re</u> :	
Name of New Registered Agent:		
New Registered Office Address:	Entre Ulavida	street address
	rmer e tortaa	
	City	, Florida Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Martha M Muñoz	16970 W BURNS Dr	M Add
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effective date is	listed, the date m	nust be specific an	d cannot be pric	or to date of filing	or more than 90 da filing requiremen	rys after filing) F	ursuant to 605,0
ument's effect	ive date on the	Department of	State's record:	S.	ming requiremen	ms, tins date w	iii not be risted
record speci	fies a delaye	ed effective (ecord is filed.	date, but n	ot an effecti	ve time, at 12	2:01 a.m. or	the earlier
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		Signature of a	member or over	tional reconstruction	tive of a member		